

or the persistence of weak pains which destroyed sleep without progress, made it necessary to terminate labor. Primary inertia is especially seen in women, aged over twenty-five years, but more often in patients aged over thirty years. It frequently results from mental conditions only, especially when labor is artificially induced. Rupturing the membranes artificially in primary inertia is a most dangerous procedure. Haste must never be practised, as it exposes the mother to suffering and injury, with a fetal mortality of 80 per cent. In patients where in previous pregnancies and labors there has been inertia, tonics and good hygienic treatment should be used during pregnancy. Labor should not be induced if it can be avoided. It is thought that when labor must be brought on, the dilating bag is less apt to cause rupture of the membranes than the bougie. The membranes should rarely be ruptured, and only when the head is well engaged and the conditions all favorable for delivery. With unruptured membranes, the patient should be left alone, and the nervous system quieted by sedatives until rest can be obtained. With ruptured membranes, there is danger to the fetus, and labor should terminate. Primary inertia is most frequent usually in the first stage of labor, and is not of especial importance in the second and third stages. Postpartum hemorrhage is not especially frequent after primary inertia. When labor has terminated ergot should be given freely, and intrauterine packing used if the uterus does not contract well. Cesarean section is often safer for mother and child in primary inertia than a hard forceps operation or breech extraction. Strychnine, quinine, alcohol, and ergot are not satisfactory in these cases. Pituitrin extract may give better results.

Treatment of Cancer of the Cervix Complicating Pregnancy.—LEVANT (*Archiv mens. l'Obstetrique*, September, 1912) believes that abdominal hysterectomy by Wertheim's method is the operation of choice in cancer of the cervix complicating pregnancy and parturition. It has the advantage of permitting the extraction of the fetus by Cesarean section if the child is viable, while in early pregnancy the uterus may be removed unopened. Vaginal hysterectomy for cancer complicating pregnancy was not satisfactory in his hands, as in 55 cases without Cesarean operation the mortality was 5.4 per cent. These operations were done before, or at the sixth month, and the patient suffered from a return in 31.8 per cent. In 25 vaginal hysterectomies made during the puerperal period, 32 per cent. had a return of the disease in less than one year. The mortality of abdominal hysterectomy by Wertheim's method in cases where cancer complicates pregnancy is considerably less; in the experience of the writer, 16 per cent. during one year; in a subsequent year 18.7 per cent.; then 11.8 per cent.; then 8.6 per cent.

The Treatment of Abortion.—PATEK (*Archiv f. Gynäk.*, 1912, Band xcviii, Heft 1) contributes a paper upon the treatment of abortion in which he analyzes the results obtained by active interference in cleansing the uterus by the curette, with the results obtained by a less vigorous and more expectant method. His conclusions indicate that although fever may be present, the uterus should be emptied

irrespective of all its bacteriological contents, as promptly and thoroughly as possible. Where the patient cannot take ether it may be necessary to secure dilatation by laminary tents, but in the majority of cases etherization and the use of the curette and placental forceps, give the best results.

The Examination of the Blood in Pregnant, Parturient, and Puerperal Patients.—DOI reports from the clinic at Halle (*Archiv f. Gynäk.*, 1912, Band xcvi, Heft 1) the results of his examination of the blood, with especial reference to the toxemia of pregnancy, and the occurrence of eclampsia. He finds that the erythrocytes are somewhat less numerous in pregnant and puerperal patients than in those who are not pregnant. The leukocytes are increased, especially in primiparæ, and increase as labor develops and proceeds. In the first twenty-four hours after labor the leukocytes diminish one-half, and by the fifth day of the puerperal period, are in the normal proportion. This leukocytosis overshadows other conditions in the blood, with the exception of the neutrophile cells. The eosinophile cells and the large cells grow less during pregnancy, disappear during labor, and gradually return during the puerperal period. The index of the neutrophile conditions of the blood is in pregnancy much more developed in parturient patients, and still greater in cases of pregnancy complicated by kidney insufficiency and eclampsia. It returns to the normal in the healthy puerperal period, especially when the albumin disappears from the urine. The blood plates increase in proportion to the leukocytes. In pregnant and parturient women it is not infrequent to see nucleated red blood bodies, microcytes and macrocytes. These disappear during the puerperal period. Changes in the erythrocytes occur more frequently in the kidney of pregnancy than normal, are constant, and are greatly in evidence in cases of eclampsia. The blood changes are much more pronounced in patients having overburdened kidneys during pregnancy than in the normal patient, and these changes are most developed in eclampsia. In infectious disorders the blood changes are in proportion to the virulence of the infection. There is a striking resemblance between the blood changes in pregnancy and those occurring in the blood plates and leukocytes, and reflection of a neutrophile index indicates a predisposition to the formation of thrombi. The blood plates are evidently cells having an important function in blood loss and in the resistance of the organism to toxic material. It is doubtful whether the changes in the leukocytes alone without blood plates, can favor the occurrence of thrombi. From the blood one can gain no knowledge of the actual composition of the toxins present in pregnancy. It is interesting to observe that the least changes in multiparæ with good constitutions, are contrasted with the great changes seen in eclampsia. Primigravidæ having abnormalities have greater blood changes than the normal, and these blood changes are more pronounced in labor than during pregnancy. It is evident that during pregnancy the body is in a condition of very unstable equilibrium, and the changes in the proteid constituents of the body may readily occur and be of very considerable moment.